SCHOOL OF GRADUATE STUDIES

MILESTONE RESULTS

FAMILY NAME	GIVEN NAMES	STUDENT NUMBER

DEPARTMENT/PROGRAM/PLAN

_____ _____

MILESTONE COMPLETED		
MILESTONE NAME	MILESTONE GRADE (IF APPLICABLE)	DATE COMPLETED

PLEASE REFER TO THE APPROVED LIST OF MILESTONES FOR A PARTICULAR PLAN.

COMMENTS

DEPARTMENTAL APPROVAL

_____ _____

DATE SIGNATURE OF DEPARTMENT CHAIR OR DESIGNATE

FOR SGS USE ONLY